

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				51		
2							52		
3		1		1			53		
4		1		1			54		
5		4		1			55		
6	1		1				56		
7		1		1			57		
8		1		1			58		
9				1			59		
10		1		1			60		
11		1		1			61		
12		1		1			62		
13				1			63		
14	1		1				64		
15	1		1				65		
16		1		1			66		
17	1		1				67		
18	1		1				68		
19				1			69		
20							70		
21							71		
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40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			60				TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		